

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3047

FILED JUN 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in 1b

25 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Baptist Memorial Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

3022 Forest Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

KENNETH

B.

BROWN

4. DATE OF DEATH

Month

Day

Year

June 8, 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

11/27/10

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TOOL & DIE MAKER

10b. KIND OF BUSINESS OR INDUSTRY

BENDIX AVIATION CORPORATION

11. BIRTHPLACE (City and state or country)

OMAHA, NEBRASKA

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William H. Brown

13b. MOTHER'S MAIDEN NAME

Lillie Marie Benkart

14. NAME OF HUSBAND OR WIFE

Mrs. Maxine Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

3022 Forest Ave.
Mrs. Patricia Leyba, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Pneumonia embolism
Asthma
Coronary heart failure

INTERVAL BETWEEN ONSET AND DEATH

17 hrs.

years.

years.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 9, 58 to June 8, 62 and last saw him alive on 6-7-62.
Death occurred at 1:52 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Winkelman M.D.

22b. ADDRESS

7449 Rosinway K.C.Mo

22c. DATE SIGNED

6-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 9, 1962

23c. NAME OF CEMETERY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City

23e. STATE

Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

6-9-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

D.W. Newcomer's Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

28. Golden Beehive Undertakers -
1449 Broadway
101300 m

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.